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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/1593173

Total Fee Calculation

Fee Code	Total # Claims	Number Extra X	Fee	Fee	=	Total
Sm./Lg.			Sm. Entity	Lg. Entity		
Basic Filing Fee	<u>201/101</u>			<u>690.00</u>	=	<u>690.00</u>
Total Claims >20	<u>203/103</u>	<u>22</u> -20 = <u>2</u>	X	<u>18.00</u>	=	<u>126.00</u>
Independent Claims >3	<u>202/102</u>	-3 =	X		=	
Mult. Dep. Claim Present	<u>204/104</u>				=	
Surcharge	<u>205/105</u>			<u>130.00</u>	=	<u>130.00</u>
English Translation	<u>139</u>					

TOTAL FEE CALCULATION 946.00

Fees due upon filing the application.

Total Filing Fees Due = \$ 946.00

Less Filing Fees Submitted - \$ _____

BALANCE DUE 946.00

D. Thomas
Office of Initial Patent Examination

Figure 7

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

691593173

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	27	minus 20 = * 7
INDEPENDENT CLAIMS	1	minus 3 = *
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT X	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 21	Minus	** 27 = -
Independent	* 1	Minus	*** 1	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY
TYPE

OR
OTHER THAN
SMALL ENTITY

RATE	FEES
	345.00
OR	
X\$ 9=	
OR	
X39=	
OR	
+130=	
OR	
TOTAL	

RATE	FEES
	690.00
OR	
X\$18=	126.00
OR	
X78=	
OR	
+260=	
OR	
TOTAL	816.00

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
OR	
X39=	
OR	
+130=	
OR	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
OR	
X78=	
OR	
+260=	
OR	
TOTAL ADDT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
X\$ 9=	
OR	
X39=	
OR	
+130=	
OR	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
OR	
X78=	
OR	
+260=	
OR	
TOTAL ADDT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
X\$ 9=	
OR	
X39=	
OR	
+130=	
OR	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
OR	
X78=	
OR	
+260=	
OR	
TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.